Print Form

VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form and include it in Section A.1 of the SOQ. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in a Master Agreement.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

   _____ _____ _____
   Name State Year Inc.

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

   _____

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____ If yes,

   Name of parent firm: _____

   State of incorporation or registration of parent firm:_____

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

   _____

   _____

Vendor acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Paragraph 1.4 - Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), as listed below:

1.4.1 Vendor's organization must have five (5) years experience in the business of providing medical laboratory services to hospitals, medical groups, or satellite laboratories.

1.4.2 Vendor must posses a valid clinical laboratory license issued by the State of California Department of Health Services.

1.4.3 Vendor must be certified by Clinical Laboratory Improvement Act (CLIA) to the complexity of tests performed.

1.4.4 Vendor must be accredited by the College of American Pathologists (CAP), or accredited by another agency approved by CAP, to the complexity of tests performed

Check the appropriate boxes:

Yes ☐ **No** ☐ Sub-paragraph 1.4.1,_____years experience, within the last _____ years

Yes ☐ **No** ☐ Sub-paragraph 1.4.2, Vendor posses a valid clinical laboratory license issued by the State of California Department of Health Services.

Yes ☐ **No** ☐ Sub-paragraph 1.4.3, Vendor is certified by Clinical Laboratory Improvement Act (CLIA) to the complexity of tests performed.

Yes ☐ **No** ☐ Sub-paragraph 1.4.4, Vendor is accredited by the College of American Pathologists (CAP), or accredited by another agency approved by CAP, to the complexity of tests performed.

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Corporation's Name: _____

Address: _____

e-mail address: _____ Telephone number: (____)_____ -_____

Fax number: (____)_____ - _____

On behalf of _____ (Vendor's name), I _____

(Name of Vendor's authorized representative), certify that the information contained in this Vendor's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

_____
Signature

_____
Internal Revenue Service
Employer Identification Number

_____
Title

_____
California Business License Number

_____
Date

_____
County WebVen Number

CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
   a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
   b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

_____
Vendor Name

_____
Vendor Official Title

_____
Official's Signature

VENDOR'S EEO CERTIFICATION

_____
Company Name

_____
Address

_____
Internal Revenue Service Employer Identification Number

GENERAL

In accordance with provisions of the County Code of the County of Los Angeles, the Vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CERTIFICATION	*YES*	*NO*
1. Vendor has written policy statement prohibiting discrimination in all phases of employment.	(☐)	(☐)
2. Vendor periodically conducts a self-analysis or utilization analysis of its work force.	(☐)	(☐)
3. Vendor has a system for determining if its employment practices are discriminatory against protected groups.	(☐)	(☐)
4. When areas are identified in employment practices, Vendor has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	(☐)	(☐)

_____ _____
Signature Date

_____
Name and Title of Signer (please print)

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Vendor certifies that:

1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;

2) that all persons acting on behalf of the Vendor organization have and will comply with it during the proposal process; and

3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature:_____ Date: _____

PROSPECTIVE CONTRACTOR REFERENCES

Contractor's Name: _____

List five (5) references where the same or similar scope of services were provided to hospitals, medical groups, or satellite laboratories in order to meet the Minimum Qualifications stated in this solicitation.

1. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service		# of Tests Performed Annually
2. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service		# of Tests Performed Annually
3. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service		# of Tests Performed Annually
4. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service		# of Tests Performed Annually
5. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service		# of Tests Performed Annually

PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

Contractor's Name: _____

List of all public entities for which the Contractor has provided service within the last three (3) years. Use additional sheets if necessary.

1. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service		# of Tests Performed Annually
2. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service		# of Tests Performed Annually
3. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service		# of Tests Performed Annually
4. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service		# of Tests Performed Annually
5. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service		# of Tests Performed Annually

PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS FOR NON-PERFORMANCE

Contractor's Name: _____

List all contracts that have been terminated for *non-performance* within the past three (3) years.

1. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service	Reason for Termination:	
2. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service	Reason for Termination:	
3. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service	Reason for Termination:	
4. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service	Reason for Termination:	
5. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
Name or Contract No.	# of Years / Term of Contract	Type of Service	Reason for Termination:	

ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Vendor shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Vendor shall attest to a willingness to provide employed GAIN/GROW participants access to the Vendor's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

Vendors unable to meet this requirement shall not be considered for contract award.

Vendor shall complete all of the following information, sign where indicated below, and return this form with any resumes and/or fixed price bid being submitted:

A. Vendor has a proven record of hiring GAIN/GROW participants.

____ YES (subject to verification by County) ____ NO

B. Vendor is willing to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Vendor is willing to interview qualified GAIN/GROW participants.

____ YES ____ NO

C. Vendor is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

____ YES ____ NO ____ N/A (Program not available)

Vendor Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Tel.#: (_____) _____-_____ Fax #: (_____) _____-_____

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Request for Statement of Qualifications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Vendors, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Vendor is excepted from the Program.

Company Name:		
Company Address:		
City:	State: Alabama	Zip Code:
Telephone Number:		
Solicitation for	Services:	

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

☐ My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of $50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed $50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of $50,000 in any 12-month period.

☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are $500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed $500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

☐ My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX

REDUCTION PROGRAM

Company Name:			
Company Address:			
City:	State:	Alabama	Zip Code:
Telephone Number:	Email address:		

The Vendor certifies that:

(☐) It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; AND

To the best of its knowledge, after a reasonable inquiry, the Vendor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; AND

The Vendor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- **OR** -

(☐) I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

_____

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

CHARITABLE CONTRIBUTIONS CERTIFICATION

_____
Company Name

_____
Address

_____
Internal Revenue Service Employer Identification Number

_____
California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

(☐) Vendor or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Vendor engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

(☐) Vendor or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

_____ _____
Signature Date

_____
Name and Title of Signer (please print)

CERTIFICATION OF INDEPENDENT PRICE DETERMINATION AND ACKNOWLEDGEMENT OF RFSQ RESTRICTIONS

A. By submission of this SOQ, Contractor certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Contractor or competitor for the purpose of restricting competition.

B. List all names and telephone number of person legally authorized to commit the Contractor.

NAME	PHONE NUMBER
_____	**(_____) _____-_____**
_____	**(_____) _____-_____**
_____	**(_____) _____- _____**

NOTE: Persons signing on behalf of the Contractor will be required to warrant that they are authorized to bind the Contractor.

C. List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".

_____

_____

D. Contractor acknowledges that it has not participated as a consultant in the development, preparation, or selection process associated with this RFSQ. Contractor understands that if it is determined by the County that the Contractor did participate as a consultant in this RFSQ process, the County shall reject this SOQ.

_____
Name of Firm

_____
Print Name of Signer Title

Signature Date

Laboratory Test Categories

ROUTINE TEST CATEGORY	Contractor intends to provide:	
	YES	NO
General Laboratory Tests	☐	☐
Cytogenetics	☐	☐
Cytology	☐	☐
Electron Microscope	☐	☐
Endocrinology	☐	☐
Histopathology	☐	☐
Immunology	☐	☐
Microbiology	☐	☐
Special Infant Immune Response Tests	☐	☐
Tissue Typing	☐	☐
Virology	☐	☐

I hereby certify that my clinical laboratory and its staff shall maintain valid certifications, licensing, and accreditations in conjunction with State, CLIA, and local laws to perform the test categories checked above throughout the term of any resultant contract.

_____ _____

Signature Date

_____

Name of Firm

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

2. Proposer shall provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

5. Proposer further agrees by submitting this proposal that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Sample Contract attached to the RFSQ, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

6. Prposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Proposer acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

9. Where Proposer and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer shall attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this RFSQ.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Proposer hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

Dated:

_____
Signature of Authorized Representative

_____
Title of Authorized Representative

_____
Printed Name of Authorized Representative

Print Form

Discount Rates and Added Charges

1) Discount Rates

Occasionally, County may require tests that are not listed in Exhibit 15, Medical Laboratory Services Fee Schedule and must order tests from Proposer's Commercial Fee Schedule. SOQ's must include a copy of Contractor's Commercial Fee Schedule and specify the applicable discount to County. Contractor guarantees that the County is receiving the lowest prices and charges assessed to any of Contractor's (most favorable) clients.

For tests not listed in the Medical Laboratory Services Fee Schedule (Exhibit 15), the general fee structure discount for tests on Contractor's published commercial fee schedule shall apply, further described in Appendix H, Master Agreement, Paragraph 5.5.2, Discount to be Applied to Contractor's Currently Published Commercial Fee Schedule.

Contractor agrees that a cost reduction of _____% shall be applied to Contractor's currently published Commercial Fee Schedule.

Contractor agrees that a cost reduction of _____% shall be applied to each serial specimen submitted for the same patient, submitted on the same calendar day.

2) Added Charges

Proposer must also include additional charges for emergency (STAT) services and any miscellaneous fees to perform the work required under the Master Agreement.

EMERGENCY (STAT SERVICES)

The Following costs for Emergency Services will be in addition to the Test Charges:

STAT assay charge: $_____/Test

STAT Service/Pickup Charge: $_____/Pickup

RECURRENT MISCELLANEOUS FEES

List here, including description of service and fee

$_____/

Vendor Name: